



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
ROAD TOLL BUREAU
33 HAZEN DRIVE
CONCORD NH 03305
TELEPHONE: (603) 271-6183
TDD Access: Relay NH 1-800-735-2964

FOR OFFICIAL USE ONLY:

CLAIM NUMBER:	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

ROAD TOLL REFUND GENERAL APPLICATION
GASOLINE ONLY

NAME OF APPLICANT:
STREET:
CITY/TOWN:
STATE-ZIPCODE:
TELEPHONE NUMBER:

The above applicant has purchased and used for the purpose herein stated gasoline on which the Road Toll has been paid. **All equipment using gasoline** must be listed on the reverse side and total gasoline consumed must be accounted for.

ORIGINAL INVOICES of all purchases bearing name and address of supplier and **NAME OF THE APPLICANT** together with evidence of payment must be attached. **Evidence of payment**—each invoice must be receipted by supplier as being paid or if payment is made by check, date of payment together with check number must appear on invoice. Evidence of erasures or changes in either dates or amounts shown on invoices or evidence of payment shall result in the invoices being disallowed. Invoices cannot be returned.

NOTE: GASOLINE MUST BE ACTUALLY USED AND REFUND APPLIED FOR WITHIN TWO (2) YEARS OF THE DATE OF PURCHASE OR INVOICE OF THE GASOLINE FOR WHICH THE REFUND IS CLAIMED. THE MINIMUM REFUND IS TEN DOLLARS (\$10.00). APPLICATIONS FOR LESS THAN TEN DOLLARS (\$10.00) WILL NOT BE ACCEPTED.

APPLICANTS' CLAIM

1. Total gallons, as per attached invoices	Gals.
2. Total gallons consumed on public ways (col.5-line 17 & 19 (reverse side))	Gals.
3. Total gallons consumed off public ways (col. 6-line 17 & 19 (reverse side))	Gals.
4. Amount of refund (Line 3 x .18)	\$

5. Type of operation:	
6. Where used: (city/town, state)	
7. Columns 1 through 6 on the reverse side must be completed by applicant.	
8. Stock Record—reverse side—must be completed if applicant has storage tanks or used drums	

SIGNATURE:	TITLE:
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"This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."

GASOLINE USED FOR THE PERIOD OF _____ YR_____ THROUGH _____ YR _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
TYPE OF EQUIPMENT	MAKE	YEAR	*REG NO*** (IF ANY)	GALLONS USED ON HIGHWAY	GALLONS USED OFF HIGHWAY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
.			17 Totals		
			18 Transfer to Claim	Line 2 (on front)	Line 3 (on front)
			19 Total Used Col. 5 + 6		
			Must equal Line 4 Stock Record		

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)	
4. TOTAL GALLONS USED (AS SHOWN ON LINE 19, COLS. 5 & 6)	
5. TOTAL GALLONS SOLD	
6. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINES 4 AND 5)	
7. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
8. STOCK LOSS OR GAIN (DIFFERENCE LINES 6 & 7)	
9. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINE 4, 5, 7, & 8-MUST EQUAL LINE 3)	
FOR OFFICIAL USE ONLY:	
TRUCK, TRACTOR, CAR, STATIONARY MOTORS, ETC	* LIST MOTOR VEHICLES, REGISTRATION NUMBER REGARDLESS OF TYPE. APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 GALS.) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD BUT MUST COMPLETE STOCK RECORD BUT MUST COMPLETE COLS. 1 THROUGH 6.